

MSA. A542.1-414/95

# The Massachusetts Department of Mental Retardation

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## *Annual Report*

July 1, 1994 - June 30, 1995

**Commonwealth of Massachusetts**  
William F. Weld, Governor  
**Executive Office of Health and Human Services**  
Gerald Whitburn, Secretary  
**Department of Mental Retardation**  
Philip Campbell, Commissioner



# Commissioner's Message

by Philip Campbell

Commissioner

Department of Mental Retardation

## Introduction

Families come in all shapes, sizes, and configurations. They are the hub around which much of our lives revolve.

For most of history, families who had children with mental retardation lived in the shadows and fought battles for recognition and acceptance by themselves. This began to change in the 1950s as more families saw the power of banding together to work for change. Their pioneering work, their persistent message of common sense, acceptance and human rights tore down the walls and shattered the stereotypes. Now, 40 years later, people with mental retardation have more opportunities to go to neighborhood schools, work at real jobs, get married, live in their own homes, and be productive members of society.

FY95 was a year in which the Massachusetts Department of Mental Retardation placed greater emphasis on working with and assisting families across the state. This was a natural outgrowth of our recent consumer-driven initiatives where DMR staff work with individuals and families to develop innovative solutions that truly meet peoples' needs.

This year we held a statewide campaign to recognize the accomplishments and achievements of a thousand

families across Massachusetts who made a difference in the life of a person with a disability. Working with Governor William F. Weld and the legislature we were able to appropriate \$1.5 million specifically for family support. We developed family support guidelines, sponsored family leadership conferences, introduced flexible funding programs to meet specific need. We also

improvements and refinements to the DMR service system so that families have access to the supports they need and people with mental retardation have the chance to lead meaningful and fulfilling lives.

## Family Support

A major achievement this year was our Families 1,000 campaign. The DMR

with the cooperation of families, individuals and statewide advisory boards held a series of celebrations to bring recognition to people and groups who have made a difference in the lives of people with mental retardation. More than 30 local events were held across the state generating heavy news coverage and attention that highlighted the

achievements of a thousand people who made a difference in the life of a person with mental retardation.

These events culminated in a State House reception on March 27 when more than 1,300 people assembled to be honored by Governor Weld, Gerald Whitburn, Secretary of Health and Human Services, and the DMR. The event was held in the Great Hall and the crowd billowed out into the surrounding corridors and hallways. Many DMR veterans and observers said they had never seen such a crowd, a demonstration of support for people

## Major Accomplishments for DMR in FY95 :

- *A statewide campaign, Families 1,000, honors individuals & families who made a difference in the life of a person with mental retardation. 30 events held statewide. More than 1,300 attend the State House ceremony with Gov. Weld.*
- *DMR closes third large facility, the J. T. Berry Rehabilitation Center with the help of residents, families, staff, and local agencies.*
- *1,800 more people served than FY94. 467 people moved to enhanced, more personalized living situations.*
- *Increased emphasis on Family and Children's Services. \$1.5 million in new funding for Family Support.*
- *Regulations rewritten, modernized, & consistent with DMR's Mission.*

strengthened our initiatives to reach out and make support services more accessible to families from multicultural backgrounds. We provided support services to 1,800 more people than we did in FY94.

FY95 marked additional bold steps forward in our efforts to make the DMR and its services more accessible and user-friendly for individuals and families across Massachusetts. We progressed in our efforts to be consumer-driven offering expanded choices, opportunities, and flexibility. We continued to both teach and listen as we made



with disabilities, descend on the State House.

"Your presence here in such impressive numbers reaffirms the positive impact that people with disabilities have on society," Gov. Weld said. "Many of you are making history in your hometowns, accomplishing things no one would have imagined ten years ago."

Families 1,000 was coordinated through local DMR offices, Citizen Advisory Boards, private provider organizations, and other groups. Honorees for Families 1,000 were nominated from many sources. There were families who developed innovative solutions for community living, good neighbors who helped out and cared, people who supported consumers at home despite significant obstacles, businesses who made people with mental retardation feel welcome, advocates, and other noteworthy achievements.

This year the DMR secured significant new funding from the legislature for families. Although Gov. Weld initially proposed \$8 million, the legislature did pass some \$1.5 million in new funding for individual and family support. This important new appropriation should help us provide support services to some 180 individuals and families in FY96. Elder unserved funds were increased some \$750,000 this year for in-home services, which should support an additional 165 people.

We continued our efforts to qualify more individuals and families for federal assistance under the Medicaid Home & Community based waiver. Through diligent tracking and monitoring we exceeded targets that we were projected to reach in FY97 of serving some 7,700 individuals. We negotiated a further expansion of this waiver so that we are now able to serve some 8,029 people under this waiver.

With the collaboration of consumers, families, and staff we completed a major undertaking in the development of Family Support Guidelines. These

## Who we are

***The Department of Mental Retardation is an independent agency within the Executive Office of Health and Human Services which provides a wide range of services and supports to Massachusetts citizens with mental retardation.***

***Everyday, the DMR provides an array of support services to more than 24,000 people across the state. Their level of disability may require assistance in job placement, transportation, or residential services, or more intense levels of treatment, monitoring and care. The DMR provides these services through state-operated programs and by contracting with more than 370 private provider agencies across the state.***

***The DMR strives to provide support services in safe and healthy environments and promotes the creation of opportunities for people with disabilities to become fully integrated participants in their communities. It promotes individual development, encourages family involvement, and emphasizes consumer and family involvement in the decision making process.***

guidelines that were promulgated in July, 1995 empower individuals and their families to advocate, to initiate ideas, and to make choices and decisions about supports. The cornerstone of the document is the recognition that family support must provide a wide array of options that assist families to stay together and help people become contributing members in their home communities. It also recognizes that families are in the best position to know what will help them to provide for a family member with a disability.

In January of this year, the Department welcomed Janet George to the DMR as Assistant Commissioner of Children's Services. This appointment illustrates our increased commitment to create more effective and coordinated support services for families and their children. This year saw the revision of an agreement between the Department of Education and the DMR that allows for greater support for families with a child with a disability. With increased communication and sup-

ports, the agreement strives to keep more children at home and families intact by encouraging greater use of less restrictive, local community schools. There are some 48 families across the state who are benefitting from this new agreement.

FY95 saw further expansion of flexible funding programs where families and individual have more control over how the support funds they receive are spent. In the past funding options were very limited and geared to specific purposes such as respite, or temporary support to help families in crisis. DMR has developed several statewide initiatives to give families a more active voice and greater options in how dollars can be spent.

This year the DMR funded and/or supported several initiatives across the state that reached out to various multicultural groups. Historically, minority populations have had a difficult time learning about and accessing state services. In FY95 the DMR strength-

ened and/or developed programs in Springfield, Worcester, Merrimack Valley, Metro Boston, and Fall River and New Bedford that reached out to Latino, Haitian, Portuguese, and Asian-American families. DMR received a grant from the U. S. Department of Health and Human Services to provide training and support to 60 minority families in Boston and Lowell.

#### **Accomplishments**

On June 21, parents, former residents, and DMR staff held a moving ceremony to mark the official closing of the John T. Berry Rehabilitation Center in North Reading. This ceremony marked the third time that the DMR has closed a large facility for people with mental retardation and assisted former residents to move to their own homes with a full array of support services in their communities.

The Berry closing presents another clear example of our ability to phase down an institution in an orderly, compassionate, and thoughtful manner. The majority of the 101 individuals who lived at Berry moved to homes throughout the North Shore. Sixty persons moved to state-operated community homes. The others moved to residences operated by private provid-

ers or to the Hogan Regional Center.

Former residents and their families were able to choose many details of their new lives: where they wanted to live, what their new homes would be like, whom they would live with, what furniture they would have, and how they could become more actively involved in their new communities.

This year we provided support services to 1,800 people more than we did in FY94. Across the state, 467 people moved to enhanced, more personalized living situations. There was also a concerted effort to move people from sheltered workshop settings to more integrated and appropriate work sites. Some 800 people moved to more meaningful real jobs in the community.

The DMR continued to provide quality services in our large facilities; Monson, Templeton, Glavin, Hogan, Fernald, Dever & Wrentham Developmental Centers. All of these facilities passed surveys that are essential for participation in federal Medicaid funding with scores 96% or higher in Active Treatment. Two facilities scored 100%.

This year some 128 individuals moved from the facilities to the com-

munity. The cost savings and the funding that follow these individuals to the community allowed the DMR to serve 55 individuals who had been on the waiting list.

#### **Quality Maintained**

FY95 saw the second year of operation of our Quality Enhancement Survey Tool (QUEST). QUEST measures the impact of services and supports on the quality of life on persons with mental retardation. It assesses both private and state-operated programs.

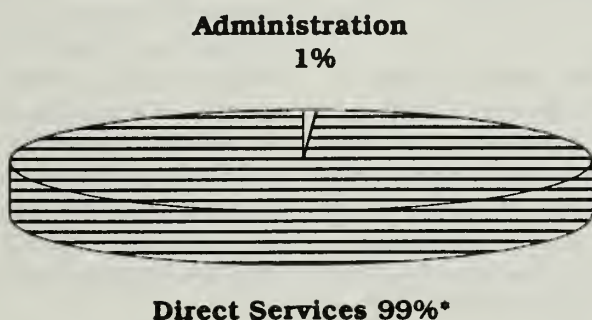
During this year, modifications were made to the survey and certification process to improve the efficacy of the QUEST survey system, making them more reliable and consistent. Since its inception, QUEST has reviewed the services provided to 2,178 people across the state.

The Investigations Unit continued its mission to investigate allegations of abuse, mistreatment, neglect, and other violations against people with mental retardation. In FY95, the Unit processed some 1,950 cases and investigated 1,450. Of these, 30% were substantiated, 60% were unsubstantiated, and 10% were undetermined.

The Unit worked effectively with other law enforcement agencies to secure prosecutions. In May based on the findings of DMR investigations, Attorney General Scott Harshbarger announced that he had secured criminal complaints against three mental retardation workers for allegedly abusing individuals with mental retardation who were in their care. This cooperative effort between the DMR and the AG's office has enhanced the state's capacity to take decisive steps whenever the rights of people with disabilities are jeopardized.

Significant improvements were made to DMR's fleet to replace outdated, high-mileage vehicles. We placed 70 Accessible lift vans into service across the state. We also added 52 wagons, mini-vans, vans and sedans

### **DMR's administrative expenditures represent 1% of the total budget**



**\*includes all facility based expenditures**



for safer and more efficient transportation for the people we serve

The DMR made major reforms in the transportation system that allowed for more economical and efficient travel routes, more flexibility in service, and more cost-effectiveness.

We also brought in new vehicles to our state fleet and instituted a new system and replaced state vehicles to ensure that they meet safety standards.

In June, the Samuel Gridley Howe Library at the Walter E. Fernald Developmental Center received the Hervey B. Wilbur Award for Historic Preservation of the American Association on Mental Retardation. The award that was presented at the AAMR 119th Annual Meeting in San Francisco, honors the Howe Library for its significant contribution in preserving the history of mental retardation.

We are extremely proud that the Howe Library gained this significant national recognition and honor. Our goal is to continue to strengthen the library's collection so that it serves as a central research facility that contains information on the history and treatment of people with mental retardation. Its holdings contain books, research, personal writings, magazines, periodicals, and archival material. The library also contains the extensive collections of Drs. Gunnar and Rosemary Dybwad. This year the Howe Library acquired the collections of Dr. Irving Zola, the late professor of Sociology at Brandeis University and an international authority on disability issues.

### **Policy Development**

Several years ago, the DMR's legal department began the enormous task of rewriting our regulations, an undertaking designed to bring clarity and

consistency to our regulations. The regulations needed to be modernized to accurately reflect the reality of how we provide supports to the people we serve.

They had to reflect our mission and our community-based system of supports. There was also a pressing need to fine tune the language so that it was more contemporary, easier to understand, and promoted the dignity of people with mental retardation.

In 1993, the DMR issued draft regulations and held public hearings at various locations throughout the state. These hearings generated comment

Following up on requests to standardize and simplify the intake and eligibility process voiced at the 1993 DMR Conference, a cross-section of DMR staff began work on a revised manual that would address these issues and the determination of need for children's supports.

The manual is based on principles of the DMR Mission Statement, contemporary practice in mental retardation, new forms of service delivery that center on the person being served, generic and environmental supports, family, friends, and specialized services. There was also an emphasis on making the intake process more consumer-friendly.

The manual answers basic questions such as who is eligible and how to access services in a simple easy-to-read format.

About a year and a half ago, the Commissioner convened a Task Force to examine the questions concerning life sustaining treatment. Membership of the group included physicians, attorneys, ethicists, clergy, family members, and DMR staff. Their mission was to formulate a DMR policy on

these very difficult issues, to bring standardized guidance to staff, and to make specific recommendations on how to implement the policy statewide.

This team met their objectives and did a commendable job in examining all sides of these complex issues and setting forth a policy that is based on the DMR's commitment to a presumption of life.

The policy recognizes the value of the life of each individual and that the protection, preservation and enhancement of that life is a primary duty of those who provide care. It stresses that life sustaining treatment decisions must be based on the criteria of informed choice, the avoidance of harm and the

## **What is Mental Retardation?**

***Mental retardation refers to substantial limitations in present functioning. It is characterized by significantly subaverage intellectual functioning existing concurrently with related limitations in two or more areas of the following adaptive skill areas: communication, self-care, home living, social skills, community use, self-direction, health and safety, functional academics, leisure, and work.***

***Mental retardation manifests before 18 years of age.***

***-AAMR (1992)***

and feedback from the public, parents, advocates, staff, and other interested parties. Many of these suggestions and insights became part of the final product.

Why are these new regulations important? Any agency as large as DMR that makes crucial decisions that affect people's lives needs to have consistent policies in place so that individuals and families know what to expect, what steps to follow, and what the responsibilities of the agency are.

Thus far, six of the ten sections have been completed and promulgated. Chapters that deal with the ISP, consumer rights, and eligibility will be completed in FY96.

benefit to the individual of the proposed treatment.

The autonomy of the individual as the decision maker in his or her own life must be respected. Each person is entitled to receive information, guidance and support to facilitate his or her understanding of available options, including treatment options and likely outcomes. It is essential that family members be involved with the individual in the decision making process unless the individual specifically rejects their involvement.

In addition to these principles, the Task Force also outlined specific procedures for staff and family to follow in the decision-making process and guidelines to follow. The policy offers safeguards to prevent abuse, and recommendations for resources, training, and support to increase awareness and understanding among staff at state and private provider agencies.

The Department held trainings throughout the state for staff and families on this important policy.

#### **Human Resources**

Twenty-three individuals were the first to graduate from DMR's Leadership Development Institute (LDI). LDI

was designed for people who are seeking to make a long-term impact on people with disabilities. Participants came from DMR staff, the private provider community, family members, and self-advocates.

LDI attempts to cultivate the essential qualities, skills, habits, and disciplines essential for this commitment. It also focuses on honing leadership abilities and applications.

The course met once a month from one to three days over a ten month period. It covered topics such as the nature of leadership, problem solving,

#### **Senior Staff**

Gerald J. Morrissey, Jr.  
*Deputy Commissioner*

Mary Cerreto, PhD  
*Assistant Commissioner  
for Quality Enhancement*

Margaret Chow-Menzer  
*Assistant Commissioner  
for Human Resources*

Janet George, EdD  
*Assistant Commissioner  
for Children's Services*

William Hetherington  
*Assistant Commissioner  
Management and Finance*

Michael Kendrick  
*Assistant Commissioner  
for Program Development*

Kim E. Murdock  
*General Counsel*

#### **Regional Directors:**

Steven Bradley, - West    Diane Enochs, - Central  
Dorothy Mullen, - Northeast    Richard O'Meara, - Southeast  
Jeffrey Kielson, - Metro Boston

#### **Statewide Advisory Council**

**1994-1995**

Jon Johanson  
*Roslindale, Chairperson*

Charlotte Alterson  
*Lexington*

Frank Donnelly  
*Arlington*

Anne Howard  
*Wellesley*

Archie Manoogian  
*South Byfield*

Lucie Chansky  
*Newton Centre*

Peter Dulchinos  
*Chelmsford*

Pauline Litchfield  
*Duxbury*

Norman Mercer  
*Northampton*

Rose Stone  
*Kingston*

Jody Williams  
*Mass Developmental  
Disabilities Council*



interpersonal skills, team-building, negotiation, coalition building, and other related topics. A second course will be held in FY96.

Human resources also held trainings on a number of topics including medication administration and professional development and developed core competencies for all staff.

Continued progress was made in controlling workers' compensation costs. Overall expenditures declined 18.6% in FY95. There was a 15% reduction in reported claims over FY94. The year showed that the number of employees who were receiving indemnity benefits dropped 20% from FY94.

DMR's summer jobs program, the Urban Youth Collaborative Program (UYCP), completed its fourth year of operation serving more than ten cities across the Commonwealth. More than 500 students across the state have served and benefited from this DMR-funded program.

This year UYCP funded programs in Boston, Cambridge, Fitchburg, Leominster, Lawrence, Lowell, Worcester, Springfield, Holyoke, New Bedford, and Quincy.

UYCP reaches out to multicultural neighborhoods in these cities across the state to introduce students to career opportunities in supporting and work-

ing with people with mental retardation. It also lays the foundation for a more diversified workforce to better serve our consumers with multicultural backgrounds.

These are a few of the many worthwhile accomplishments the DMR set in FY 95. They would not have been possible without the fine work of dedicated staff, the involvement of people with mental retardation, the care and concern of family members, and countless others who make the world a better place for people with disabilities.

## In Conclusion

# A Four Year Review

Four years into this administration is a good point to look back at some of the major objectives that have been accomplished. A lot has changed since July, 1991 when I became Commissioner.

Among the highlights are ending of two decades of federal court oversight governing five state institutions in May, 1993. Quality has been maintained and improved at all state facilities. These facilities and those that were not part of the consent decrees are now scoring higher levels of active treatment in federal surveys than they were four years ago. These surveys are essential for participation in Medicaid funding.

The DMR serves 15% more people and families today than it did in 1991. (20,000 to 23,855). It offers more support services, more residential options, more substantive day and work programs, more opportunities for flexibly funded programs, and more trainings for staff and families. The DMR has a unified system of service and has evolved towards a support system that

is driven by the needs and preferences of the people who are served.

With the help of individuals, families, staff, private provider agencies, and local governments we closed three large institutions; Belchertown State School, Dexter Building of Wrentham Developmental Center, J.T. Berry Rehabilitation Center in North Reading. More than 900 people have moved from large facilities from July, 1991 to October, 1995 to smaller residences in the community. Not one person has asked to move back. The care and attention of these community transitions are very high as evidenced in the high satisfaction rates on independent surveys of former institutional residents and families who assessed their new lives.

These closings also allowed the DMR to shift dollars from facilities to the community. There were numerous individuals and families on the waiting list across Massachusetts who were finally able to get services as a result of these consolidations.

We developed a more comprehen-

sive method in how we assess the quality of programs and support services consumers receive. Our new Quality Enhancement Survey Tool (QUEST) is based on consumer outcomes and has attracted much interest across the nation for placing the person served at the center of the evaluation process.

We revamped and strengthened our Investigations Unit adding 30 new investigators who concentrate solely on investigations to offer greater protections to consumers and assuring that wrongdoers are brought to justice. The unit now processes some 2,000 complaints annually and reports directly to my office.

DMR sought and received a significant expansion of our federal Medicaid Home and Community Based Waiver that allows more people qualify for federal funding. We increased the number of individuals who were covered under the waiver from 2,800 individuals in FY92 for \$37 million to some 7,800 covered in FY95 for \$130 million. This number will increase to 8,027 in FY 96 for \$150 million. At the time of



the expansion, August, 1993, the size of the waiver made Massachusetts one of the top five states in per capita number of people served through the waiver who lived in the community.

Families and the DMR worked with the Legislature and the Administration to secure increased funding to assist families with aging parents who need help caring for their son or daughter with a disability. This year we were successful in gaining increased funding for family support.

With the help of staff, families, and experts we crafted a new Mission Statement which captures the essence of who we are and how we are to provide support services. *(See inside back cover.)*

Over the last four years, Citizens Advisory Boards have gained a more significant voice in DMR. These boards serve a key role in advising the DMR on policy, program development, and priorities of need in their service area.

There are 31 of these advisory boards, including a Statewide Advisory Council.

During this time period, the DMR took steps to reach out to multicultural populations to assist families who have never been part of the DMR service system. Today, one can find Hispanic Support Programs in Springfield, Latino and Cambodian programs in Lowell and Merrimack Valley, programs to assist Haitian, Latino, and Asian-American populations in the greater Boston area, and programs in New Bedford for Portuguese communities. DMR has sponsored several statewide conferences to help families learn how to work within the system and advocate more effectively for services.

All of these accomplishments are building towards a specific purpose;— offering real choices to the lives of Massachusetts citizens with mental retardation. Our goal continues to be one where the DMR becomes less of a bu-

reaucracy and more of a responsive partner to help people reach their highest potential. We continue to strive to make the Department more consumer-directed and increase the opportunities where families and individuals have a greater voice in the decision-making process.

On the next few pages, there are several graphs and charts which dramatically illustrate the progress and the increase in support services that has been achieved over the last four years. Although there is still much work ahead of us, these charts represent the kind of progress that can be made if individuals, families, and state agencies work cooperatively together to tackle problems and improve the lives of Massachusetts citizens with mental retardation.

*Philip Campbell*  
*Commissioner*

## DMR Budget Facts

### Comparison FY91 -FY95

- **DMR budget has grown by 18% from FY91 to FY95**

Increases attributable to: Collective Bargaining, Turning 22, Respite and Older unserved expansion, & ICF/MR transfer

- **Administrative costs have remained constant at 1% since FY91**

- **POS funding has increased \$121M or 44% since FY91**

Increases attributable to: Turning 22, Respite, and Older unserved expansion, and ICF/MR transfer, and residential funding from facility consolidations

- **Facilities budget has decreased \$37M or 16% since FY91**

Decreases attributable to: Facility consolidation and placements to community

- **State Op Program funding has increased \$15M or 43% since FY91**

Increases attributable to: facility consolidation and development of new state operated programs

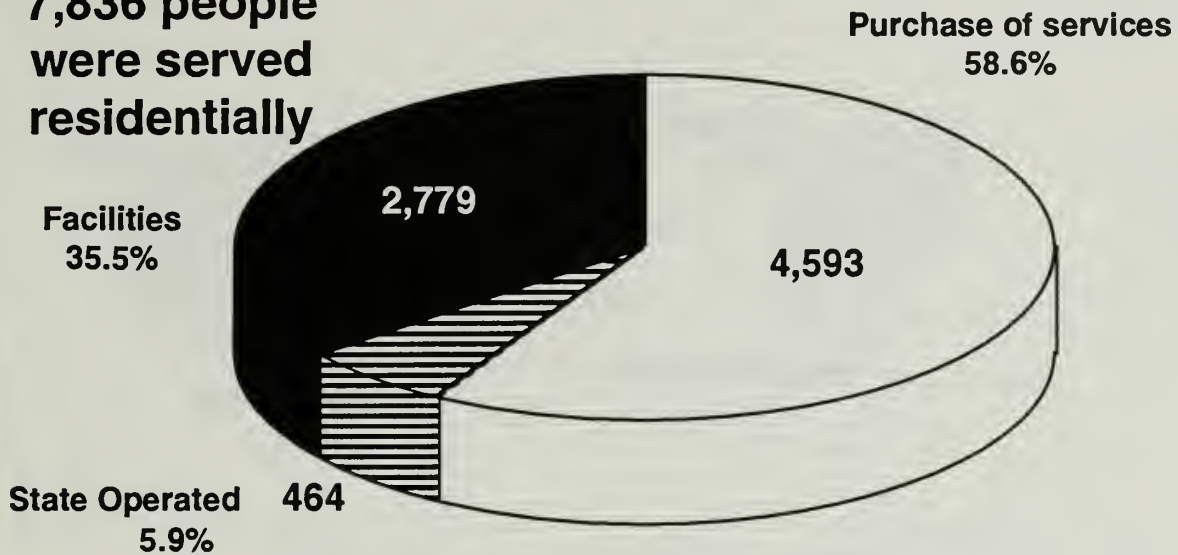
- **Regional/Area structure has increased \$10M or 50% since FY 91**

Regional structure has been built up through the downsizing of facilities

## Residential Services

as of June 30, 1991

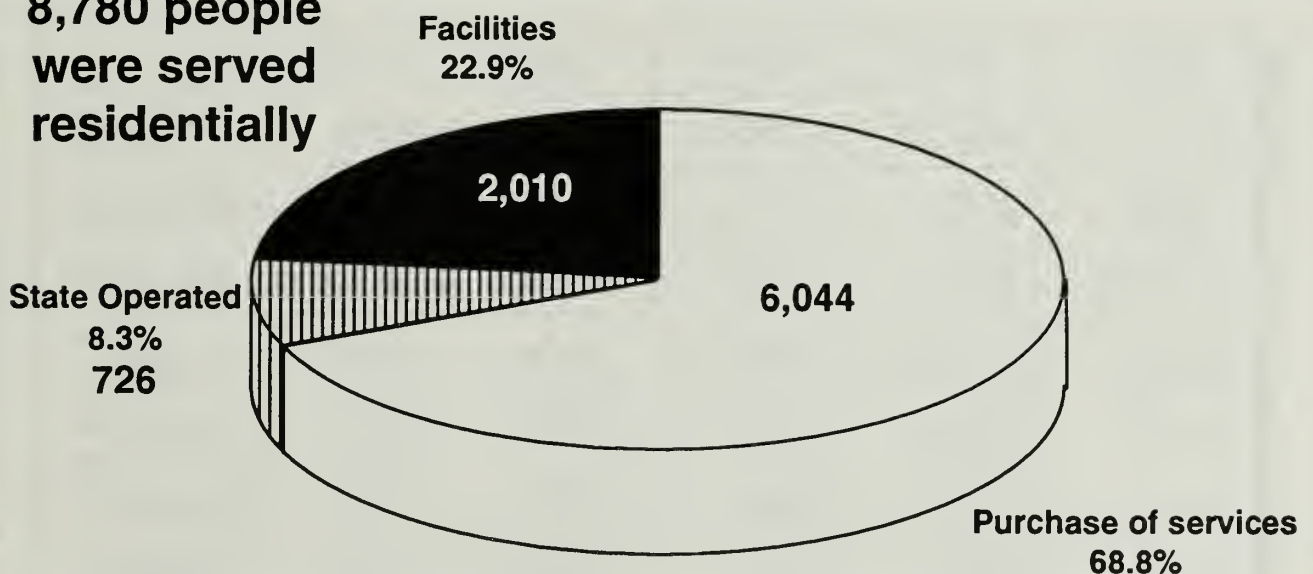
**7,836 people  
were served  
residentially**



## Residential Services

as of June 30, 1995

**8,780 people  
were served  
residentially**

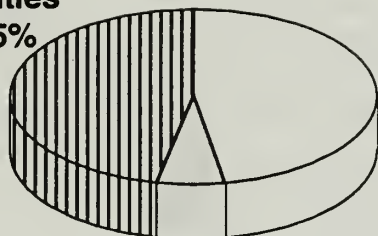




# Residential Dollars

Comparison FY91 & FY95

**Facilities**  
46.5%

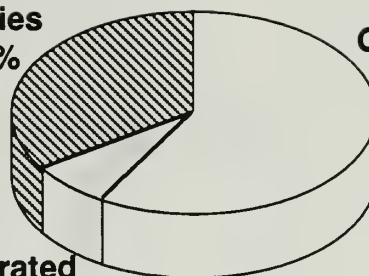


**Community  
POS**  
47.4%

**State Operated**  
6.1%

**FY91**

**Facilities**  
36.2%



**Community  
POS**  
58.4%

**State Operated**  
7.4%

**FY95**

## Active Treatment Percentages

Facilities 1991 - 1995

	1991	1992	1993	1994	1995
Glavin	94%	98%	96%	100%	100%
Templeton	98%	98%	97%	99%	96%
Fernald	83.5%	95%	94%	60%	99.6%
Dever	78%	99%	100%	99.5%	100%
Monson	97%	98%	99%	98%	98%
Wrentham	91%	98%	98%	95%	98%
Hogan	100%	99%	99%	92%	100%

## All DMR Services\*

as of June 30, 1991

- 7,267 Day/Work Programs
- 2,779 DMR Facilities
- 5,057 DMR Community Programs
- 2,403 Support Services
- 2,255 Respite Services
- 8,832 Transportation

\*Individual consumers may receive more than one service

## All DMR Services\*

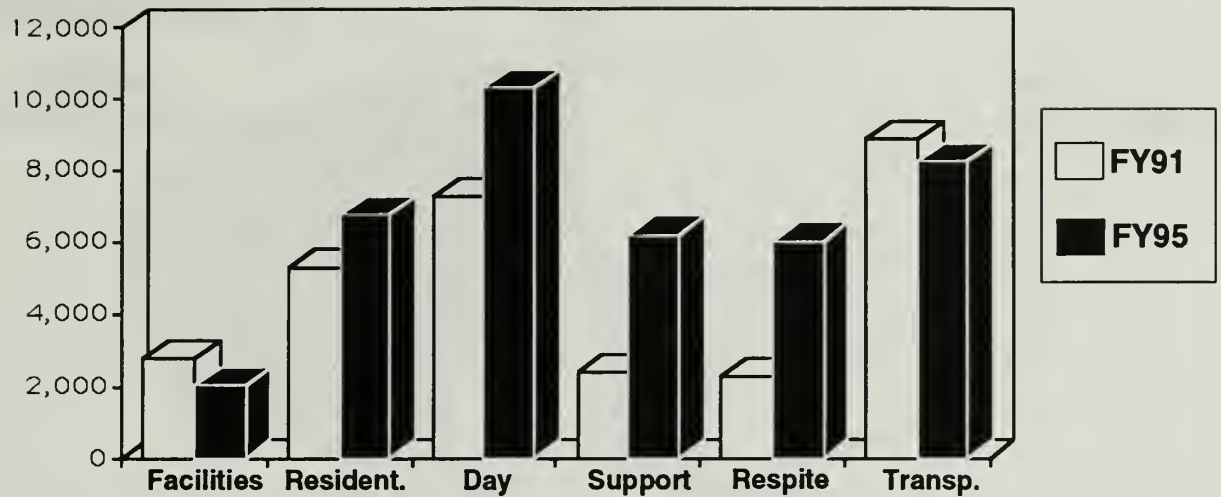
as of June 30, 1995

- 10,290 Day/Work Programs
- 2,010 DMR Facilities
- 6,770 DMR Community Programs
- 6,190 Support Services
- 6,021 Respite Services
- 8,213 Transportation

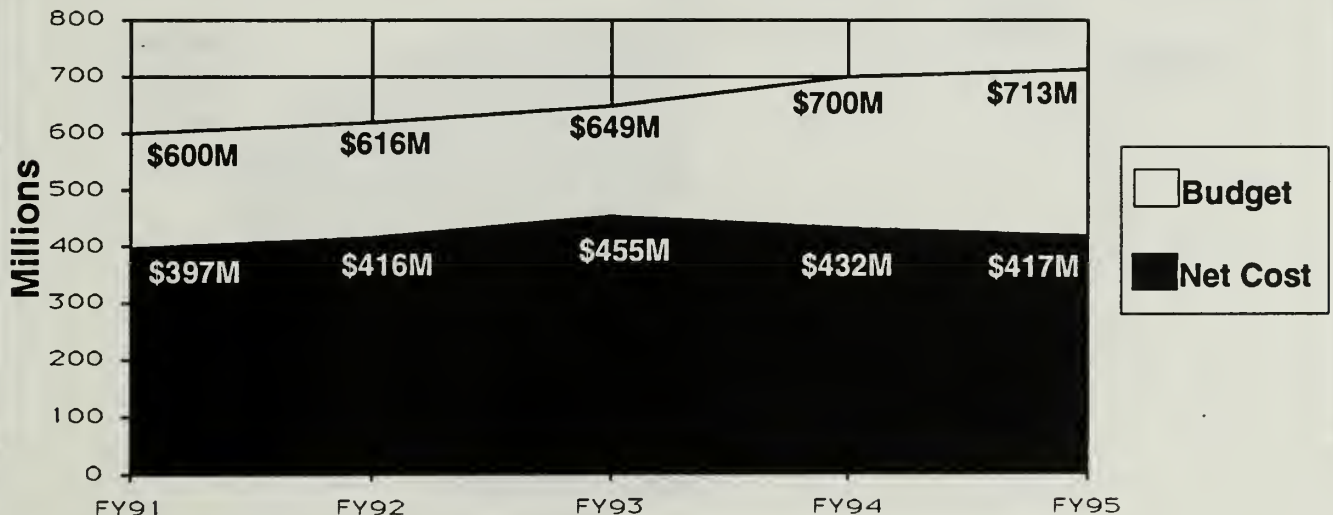
\*Individual consumers may receive more than one service



## Services Provided Comparison FY91 and FY95

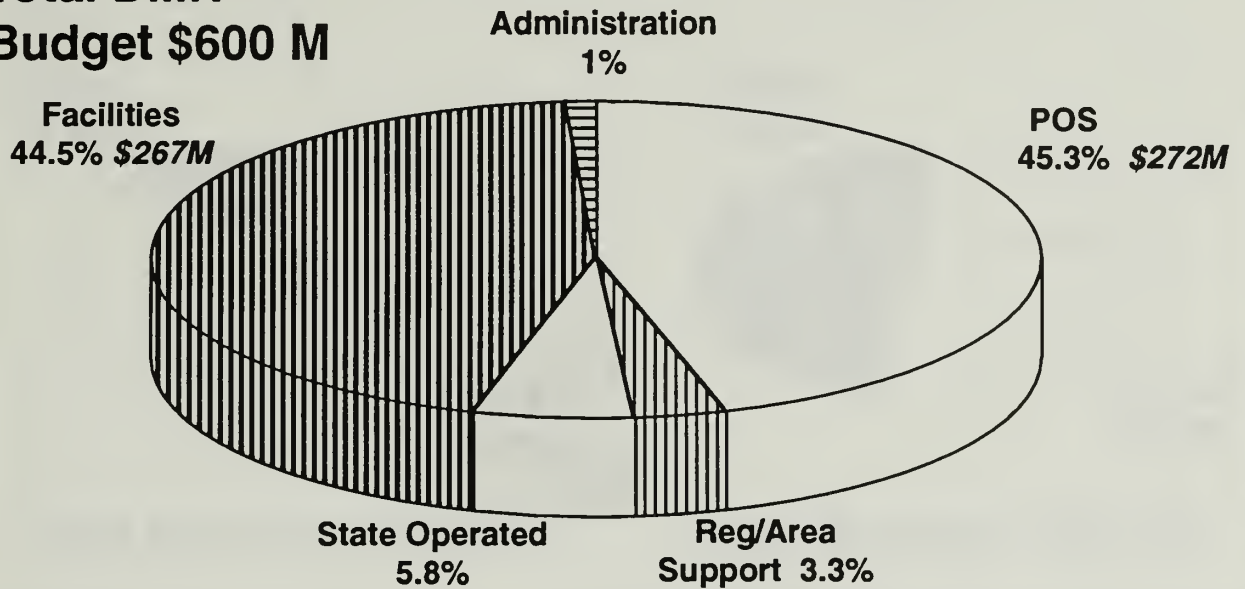


## DMR Net State Cost Comparison FY91 - FY95



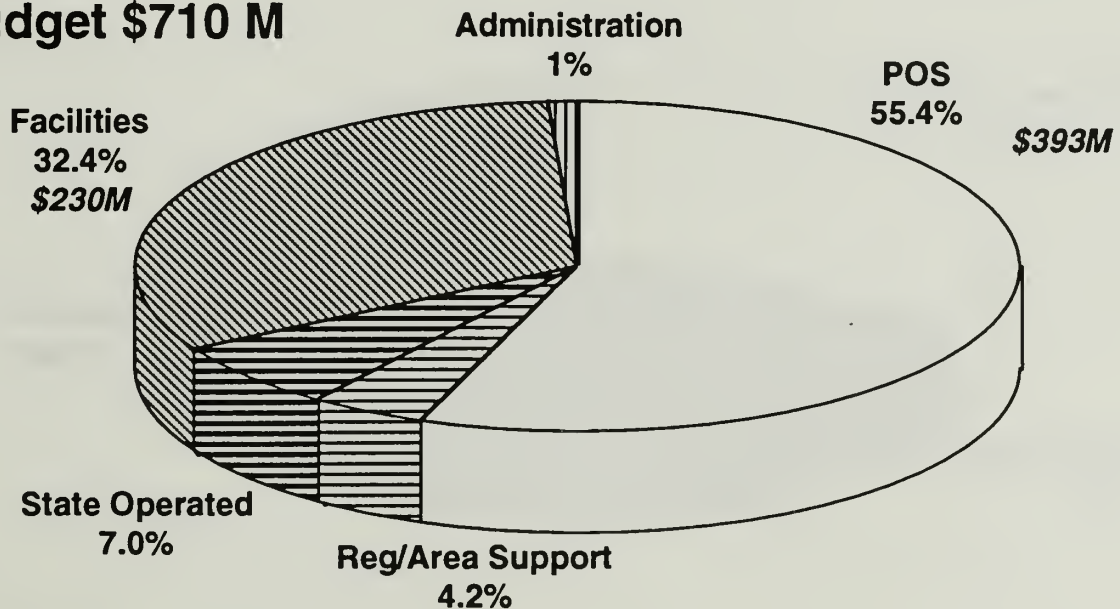
## Distribution of Resources FY91 Budget

**Total DMR  
Budget \$600 M**



## Distribution of Resources FY95 Budget

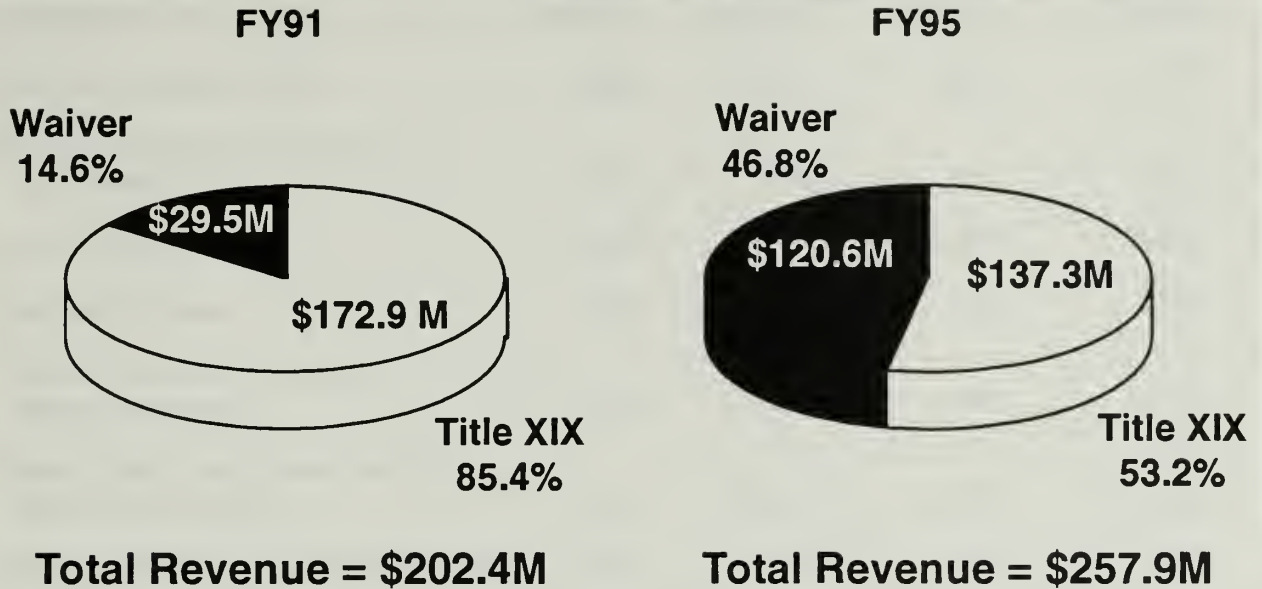
**Total DMR  
Budget \$710 M**





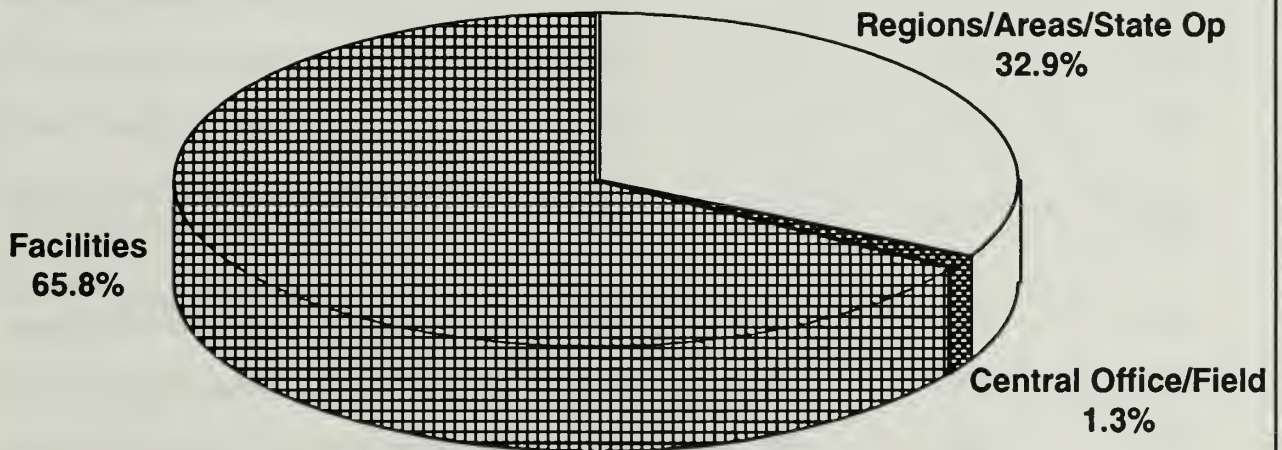
# Revenue Trends

## Title XIX and Waiver FY91 - FY95



# DMR Employees

## Where we work



# Department of Mental Retardation at a Glance

*as of June 30, 1995*

	<u>1992</u>	<u>1993</u>	<u>1994</u>	<u>1995</u>
Total budget for department	\$601.4M	\$649.7M	\$704.1M	\$713.4M*
Number of employees (FTE's)	10,300	9,800	8,659	8,593
Percentage of budget going directly to client services	97.8%	99%	99%	99%
Number of people served	21,000	22,000	22,052	23,855
Number of programs	1,210	1,270	1,299	1,874
Number of people in community residential programs	5,579	6,038	6,547	6,760
Number of people with mental retardation living with their families	6,291	7,024	10,431	12,615
Number of people living in the state schools	2,700	2,354	2,183	2,010
Number of education and training programs	112	116	124	134
Number of supported employment programs	83	92	93	132
Number of people in supported employment programs	1,403	1,639	1,816	2,015
Number of people in other day programs	6,774	7,307	7,935	8,275
Number of people competitively employed	637	665	682	701
Number of people transitioned to competitive employment this year	51	23	17	19
Number of people receiving respite care	7,550	8,026	9,677	9,705
Number of people in specialized home care	412	435	516	590
Number of families with children under age 22 receiving family support	4,700	5,298	6,123	6,220
Number of people receiving transportation services	8,809	9,107	8,758	8,213
Number of families receiving support services	10,991	12,382	12,494	14,334
Number of providers contracting with the DMR	356	370	368	362
Number of people surveyed through QUEST	—	—	—	2,718

*\*Includes supplemental and reserve draws*



# DMR Offices

as of June 30, 1995

## West

### Regional Office

1537 Main Street  
Springfield, MA 01103  
(413) 731-7742

### Franklin/Hampshire

One Roundhouse Plaza  
Northampton, MA 01060  
(413) 586-4948

### Berkshire

333 East Street  
Pittsfield, MA 01201  
(413) 447-7381

### Holyoke/Chicopee

100 Front Street  
Holyoke, MA 01040  
(413) 535-1022

### Springfield

436 Dwight St. Suite 205  
Springfield, MA 01103  
(413) 784-1339

### Westfield

66 Industry Avenue  
Springfield, MA 01104  
(413) 737-6894

## Central

### Regional Office

#### Glavin Regional Center

214 Lake Street  
Shrewsbury, MA 01545  
(508) 845-9111

### Middlesex/West

114 Turnpike Road  
Westboro, MA 01581  
(508) 792-7890

### South Valley - Milford

14 Greenleaf Terrace  
Milford, MA 01757  
(508) 792-7749

### North Central

285 Central Street  
Leominster, MA 01435  
(508) 840-1745

### Newton/South Norfolk

1416 Providence Hwy  
Norwood, MA 02062  
(617) 769-2203

### South Valley

44 Southbridge Road  
Dudley, MA 01571  
(508) 792-7756

### Worcester

Midtown Mall  
22 Front Street  
Worcester, MA 01614  
(508) 792-7545

## Metro Boston

### Regional Office

160 N. Washington Street.  
Boston, MA 02114  
(617) 727-5608, ext. 412

### Bay Cove

600 Washington Street  
Boston, MA 02111  
(617) 482-1251

### West Boston/ Brookline

1208 VFW Parkway  
W. Roxbury, MA 02132  
(617) 325-1155

### Charles River West

255 Elm Street  
Somerville, MA 02144  
(617) 727-0185

### Dorchester/Fuller

85 East Newton Street  
Boston, MA 02118  
(617) 266-8800, ext. 417

### Harbor

160 N. Washington Street  
Boston, MA 02114  
(617) 727-5608, ext. 500

## Northeast

### Regional Office

#### Hogan

Regional Center  
Hathorne, MA 01937  
(508) 774-5000

#### Lowell

325 Chelmsford Street  
Lowell, MA 01851  
(508) 790-0223

#### Merrimack Valley

18 Essex Street  
Haverhill, MA 01832  
(508) 521-9432

#### Central Middlesex

20 Academy St.  
Arlington, MA 02174  
(617) 727-4092

#### Metro North

27 Water Street  
Wakefield, MA 01880  
(617) 727-6717

#### North Shore

20 School Street  
Lynn, MA 01902  
(617) 727-7054

## Southeast

### Regional Office

68 North Main Street  
Carver, MA 02330  
(617) 727-9088

#### Taunton/Attleboro

75 1/2 East Main Street  
Norton, MA 02766  
(617) 727-3061

#### Brockton

500 Belmont Street  
Brockton, MA 02401  
(617) 727-9900

#### Cape Cod/Islands

60 Park Street  
Hyannis, MA 02601  
(617) 727-6044

#### Fall River

49 Hillside Street  
Fall River, MA 02720  
(617) 727-7244

#### New Bedford

908 Purchase Street  
New Bedford, MA 02740  
(617) 727-5409

#### Plymouth

68 North Main Street  
Carver, MA 02330  
(617) 727-9088

#### South Coastal

1221 Main Street  
South Weymouth, MA 02190  
(617) 727-3094

## Facilities

#### Paul A. Dever

State School  
Taunton, MA  
(617) 727-6501

#### Walter E. Fernald

State School  
Waltham, MA  
(617) 727-9593

#### Irving A. Glavin

Regional Center  
Shrewsbury, MA  
(508) 845-9111

#### Hogan Regional Center

Hathorne, MA  
(508) 774-5000

#### Monson

Developmental Center  
Monson, MA  
(413) 283-3411

#### Templeton

Developmental Center  
Baldwinville, MA  
(508) 939-2161

#### Wrentham

State School  
Wrentham, MA  
(617) 727-1925

# Mission Statement

The Department of Mental Retardation is composed of people dedicated to creating, in cooperation with others, innovative and genuine opportunities for individuals with mental retardation to participate fully and meaningfully in, and contribute to, their communities as valued members.

## Guiding Principles

The Department of Mental Retardation shall conduct itself according to the following guiding principles:

- promote the right of people with mental retardation to exercise choice and to make meaningful decisions in their lives;
- respect the dignity of each individual through vigorous promotion of the human and civil rights which, in part, strives to keep people free from abuse or neglect;
- ensure that adequate services and flexible resources are non-intrusive, cost effective and provided by qualified, trained personnel to meet individual needs and preferences;
- empower individuals and their families to speak out for themselves and others, initiate ideas, have choices and make decisions about needed supports;
- recognize that ethnic and cultural diversity of each individual must be valued and respected;
- enhance public awareness of the valuable roles persons with mental retardation assume in society through promotion of physical and social integration;
- support the dignity of achievement that results from risk-taking and making informed choices;
- recognize that realizing one's potential takes courage, skills, and supports;
- provide entry to services through a single, local and familiar community setting;
- operate according to accepted management practices;
- recognize that services providing meaningful benefits to individuals require a commitment to ongoing monitoring and evolutionary change.



Commonwealth of Massachusetts  
Department of Mental Retardation  
160 North Washington Street  
Boston, MA 02114  
**(617) 727-5608**